

## Isle of Wight Urgent and Emergency Care Performance

### 1. Introduction

This paper highlights to the Governing Body the local performance of Urgent and Emergency Care Services on the Island especially with regard to A&E and NHS 111 performance. It aims to provide assurance that the Isle of Wight systems are in place to maintain delivery of performance targets.

Nationally urgent and emergency care systems have been under significant pressure, and performance on a number of important indicators, including the four-hour wait for accident and emergency (A&E) and ambulance handover targets, worsened during the winter and early part of 2013. In addition the national roll out of all NHS 111 call helpline services for non-emergencies were due to be implemented in March 2013, although a number of areas were delayed as systems were not considered ready to go live. During April 2013 a series of issues and incidents with the Implementation and level of the 111 services nationally have raised public concern and media alerts across the country.

NHS England have required all Clinical Commissioning Groups (CCGs) to provide assurances that local systems are in place to improve performance where necessary or maintain performance if systems have been managing appropriately. Accident and Emergency and NHS 111 performance have specifically been focused on by NHS England due to national concerns. The Isle of Wight plans have been agreed and the NHS England Local Area team have indicated that they are satisfied that assurance has been given.

### 2. Background and information

#### 2.1 NHS 111 service

The IW NHS 111 call service has been in operation since October 2011 as part of an early adopter pilot site. The Islands 111 service, the ambulance service and the hospital are part of the same integrated Trust and this enables efficiencies and shared objectives to benefit the whole health economy.

The NHS 111 call handling staff also handle 999 calls and are located within the Urgent Care Communication Hub based on the St Mary's hospital site. Also located within the Urgent Care Communication Hub are Clinical Advisors, the community rehabilitation triage service (SPARRCS), Mental Health liaison staff, Wightcare, as well as the 'Check it Out' service. It is also planned for the Social services duty team to be located in the Hub. The Hub is a key integrated coordination centre aimed at ensuring critical communication is available between a wide range of healthcare staff.

The key performance indicators for the Isle of Wight service are good in comparison to other areas and National average data. However, it must be noted that many services have only just commenced and have experienced initial implementation difficulties. The table below contains a comparison of performance indicators with other local services as well as a comparison to other early adopter pilot 111 sites. April data has been used as a comparison as many of the new services have only been in operation since this period. In terms of the number of 111 calls, the Island does receive a high proportion of calls in relation to its population, however the total number of calls through 111 is approximately 44,000 per annum

and is significantly less than other sites who serve populations up to 12 times larger than the Isle of Wight. The only indicator that is below standard is the ‘% of call backs within 10 minutes’. However the number of callers actually requiring a call back is exceedingly low in comparison to other areas.

Performance has been affected in recent months by the diversion of mainland calls to the Island from the 111 Cloud; these calls have been lengthy to handle due to problems with the Directory of Services.

Table 1 – NHS 111 key indicators

### Key indicators - access & quality - April 2013

Key indicators - access & quality - April 2013				Southern Sites							Other early adopter sites						
	Isle of Wight	Comparison to National average	Standard	National average	Oxfordshire	Southampton, Hampshire & Portsmouth	Bucks	Somerset	Dorset	Hillingdon	Croydon	Inner NW London	Lincolnshire	Luton*	Nottingham City	Derbyshire	
Calls offered in April per 1,000 population	32.34			13.52	31.46	21.16	23.37	17.85	31.39	25.91	13.39	28.89	22.78	14.36	13.39	21.00	
% abandoned calls (after 30 seconds waiting time)	4%	<div></div>	≥5%	4%	3%	4%	1%	1%	11%	2%	2%	5%	3%	9%	8%	7%	
% calls answered in 60 seconds	95%	<div></div>	≥95%	87%	91%	85%	97%	96%	66%	91%	91%	80%	90%	75%	68%	71%	
% answered calls triaged	95%	<div></div>		88%	73%	81%	86%	90%	94%	NCA	NCA	46%	81%	52%	80%	89%	
% answered calls transferred to clinical advisor	14%	<div></div>		24%	19%	24%	24%	24%	16%	24%	31%	10%	17%	14%	30%	42%	
% transferred calls live transferred	96%	<div></div>	≥95%	56%	17%	25%	62%	60%	14%	37%	31%	36%	50%	82%	43%	30%	
Average NHS 111 live transfer time (mins) <sup>2</sup>	00:00:21	<div></div>		00:00:56	NCA	NCA	NCA	00:00:44	00:00:41	00:01:24	00:01:25	00:02:20	00:02:03	00:00:18	00:00:34	00:01:05	
% answered call passed for call back	0.6%	<div></div>		10%	2%	18%	9%	10%	14%	15%	19%	6%	8%	2%	17%	30%	
% call backs within 10 minutes	38%	<div></div>	≥95%	39%	NCA	NCA	63%	70%	9%	55%	53%	55%	43%	65%	39%	21%	
Average episode length	00:07:18	<div></div>	*	00:17:59	00:45:26	00:39:15	00:12:27	00:10:15	00:12:02	00:14:01	00:14:17	00:12:26	00:16:00	00:20:02	00:17:59	00:14:03	
					*March data					*March data							

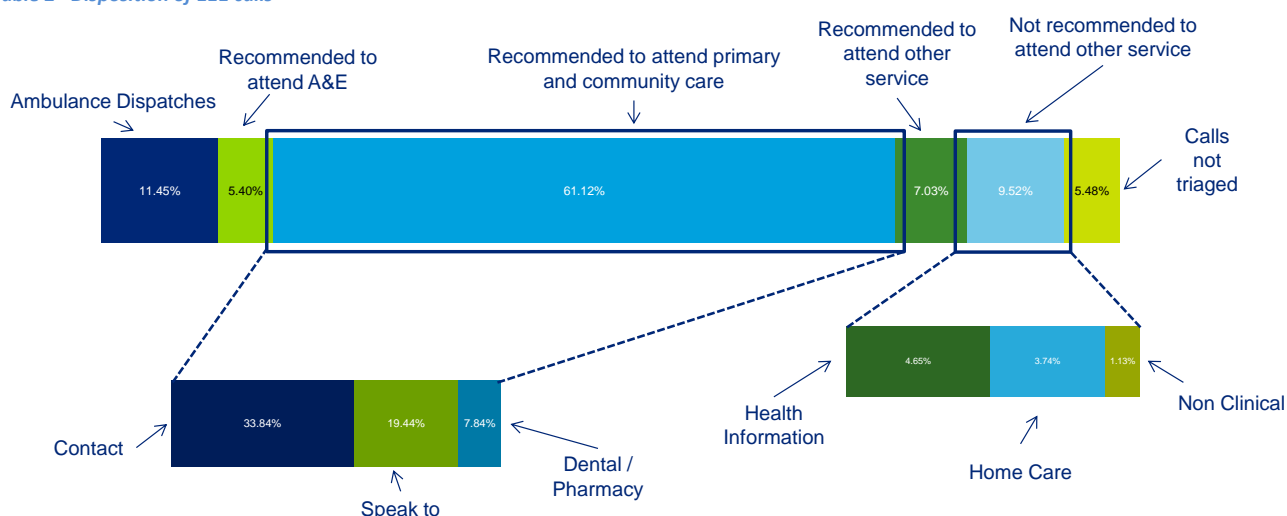
\*March data

\*March data

Source - NHS 111 minimum data set (NHS England statistics web-site)

Local statistics suggest that ambulance journeys on the Island have decreased following the introduction of 111 although the number of ambulances dispatched following a 111 call is slightly higher compared to other areas. A significant proportion of callers to the 111 service are directed to contact or visit Primary care and Community Care services following their call. The outcome or signposting of all 111 calls to the Island service in April 2013 can be seen below. This final outcome would be indicated by the NHS pathways algorithm call system and is based on the caller's symptoms.

Table 2 –Disposition of 111 calls



## 2.2 Accident and Emergency

During 2012/13 the IW CCG (then PCT) commissioned 39,432 A&E attendances from the IW NHS Trust. The actual level of attendances was 745 less than this contracted level. The overall trend of A&E attendances over recent periods is highlighted below. The level of attendances has remained fairly consistent over the last six years with slight reductions seen between 2009/10 to 2010/11.

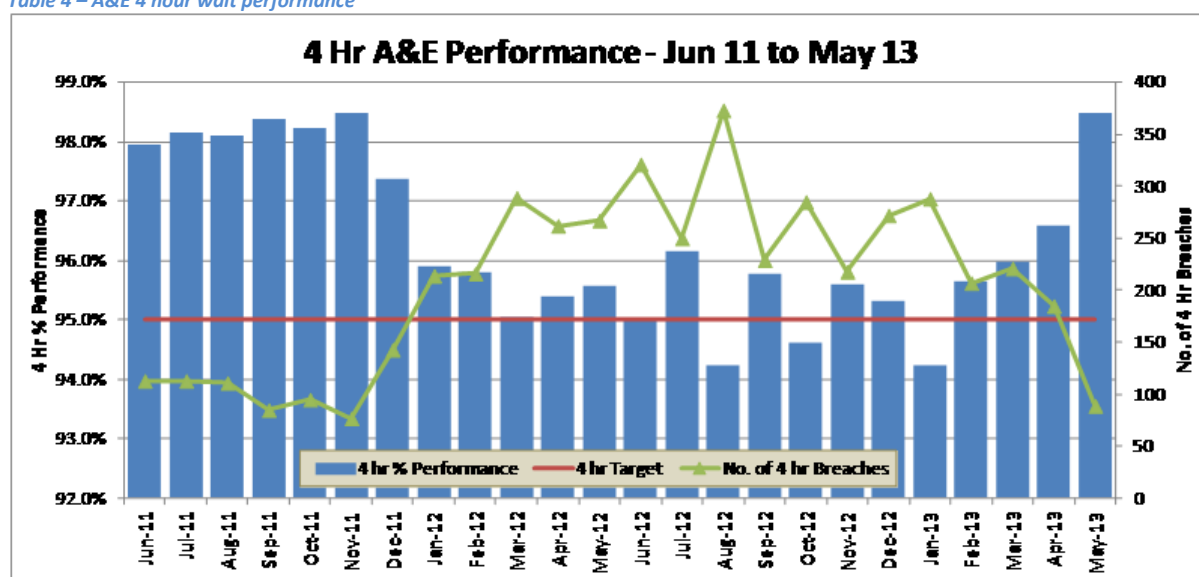
Table 3 – A&E attendance data

IW CONTRACT	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Accident and Emergency attendances	38,779	38,369	35,281	35,849	38,145	38,687

Whilst emergency care services, as a whole, experienced periods of immense pressure during 2012/13, the overall amount of A&E attendances was at a level that was considered manageable.

This was reflected in the A&E 4 hour wait performance for the year. Despite 3 months in the year when the 95% standard was not achieved, the IW NHS Trust did achieve the standard on a quarterly and annual basis. Table 4 below shows A&E performance from June 2011 to May 2013. April 2013 and May 2013 performance is as high as performance has been, in terms of 4 hour waits, in recent periods with the number of 4 hour breaches less than 100 in the month of May 2013.

Table 4 – A&E 4 hour wait performance



The Table below highlights the Isle of Wight's performance compared to other NHS providers within the South Central Region for recent weeks. The Islands performance has been comfortably above the 95% threshold during these weeks. The table also demonstrates some of the difficulties other acute Trusts are currently experiencing. Some of the higher performing providers listed below are Walk in type centres as opposed to the larger general and acute providers.

Table 5 – 4 weeks South Central comparison data for 4 hour A&E performance

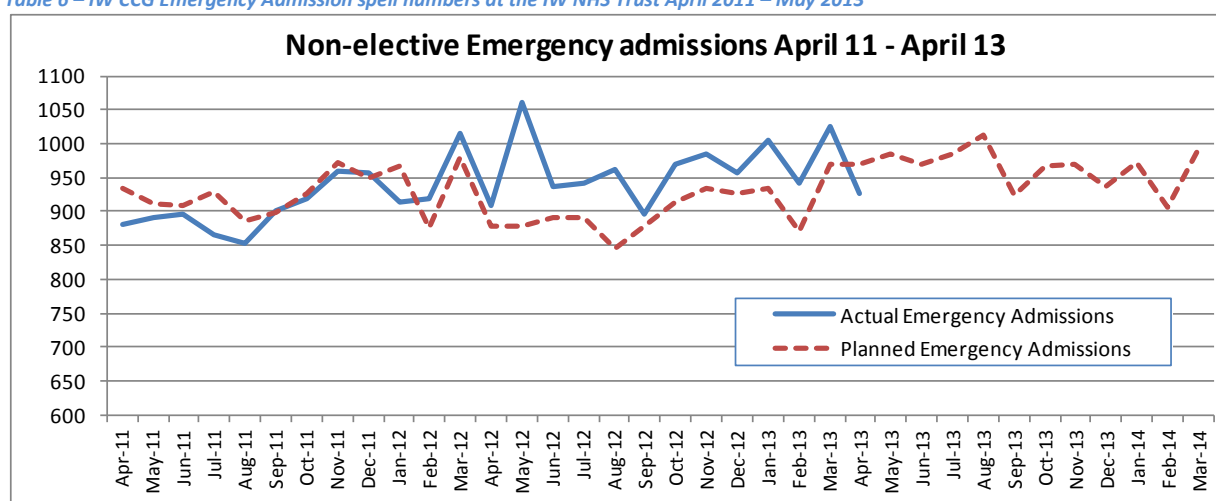
% Attendances within 4 hours	26/05/2013	02/06/2013	09/06/2013	16/06/2013
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	92.47%	93.96%	94.84%	98.42%
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	93.62%	95.08%	96.25%	96.07%
FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	96.85%	95.90%	93.97%	97.26%
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	92.35%	94.41%	94.29%	96.49%
<b>ISLE OF WIGHT NHS TRUST</b>	<b>98.42%</b>	<b>96.88%</b>	<b>97.81%</b>	<b>98.28%</b>
KINGSTON HOSPITAL NHS FOUNDATION TRUST	94.21%	94.45%	97.15%	96.84%
POOLE HOSPITAL NHS FOUNDATION TRUST	97.50%	94.99%	96.17%	98.61%
PORTSMOUTH HOSPITALS NHS TRUST	86.90%	77.93%	89.89%	91.73%
ROYAL SURREY COUNTY NHS FOUNDATION TRUST	98.58%	98.44%	97.15%	99.28%
SALISBURY NHS FOUNDATION TRUST	98.63%	99.87%	99.41%	98.43%
SOLENT NHS TRUST	100.00%	99.78%	100.00%	100.00%
SOUTHERN HEALTH NHS FOUNDATION TRUST	98.94%	99.79%	99.26%	98.06%
ST GEORGE'S HEALTHCARE NHS TRUST	96.84%	96.39%	96.94%	96.24%
ST MARY'S NHS TREATMENT CENTRE	99.88%	100.00%	100.00%	100.00%
SURREY AND SUSSEX HEALTHCARE NHS TRUST	98.37%	97.28%	98.80%	99.29%
THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	98.50%	97.14%	94.88%	96.37%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	94.84%	92.78%	96.88%	97.86%
WESTERN SUSSEX HOSPITALS NHS TRUST	97.59%	97.81%	97.75%	96.75%

## 2.3 Emergency Admissions

The level of Emergency admissions on the Island increased significantly during the 2012/13 financial year. The anticipated level of activity, which was contracted for from the IW NHS Trust during this period, was exceeded by 785 spells which amounts to significant additional costs within this admission category above the contracted level. The significant increases peaked in March, May 2012 and March 2013, although other months still saw slightly higher admission rates than expected. Medical Admissions were the main area of increased activity. Similar trends and peaks in emergency admission rates were also seen across the southern region and also nationally, indicating the increase was not specifically caused by systems and services on the Island.

The Table below highlights the levels of Emergency admission spells since April 2011.

Table 6 – IW CCG Emergency Admission spell numbers at the IW NHS Trust April 2011 – May 2013



Prior to the highlighted increase during the 2012/13 financial period the Isle of Wight had one of the lowest emergency admission rates in the country. Despite the increased level of admissions NHS England Benchmark data also indicates that the Isle of Wight has one of the

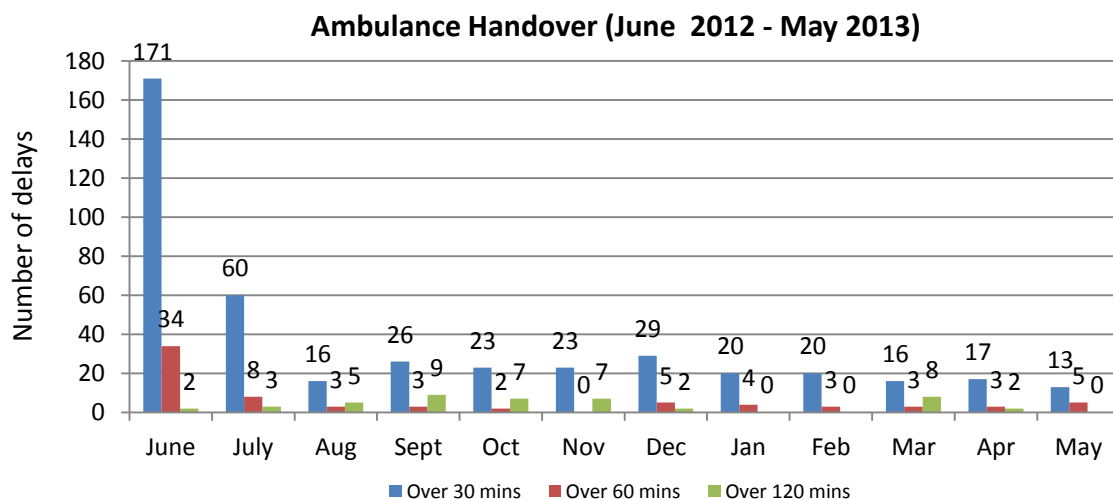
lowest national rates of admissions for 'Unplanned hospitalisation for chronic ambulatory sensitive conditions' and also one of the lowest rates in the country for 'Emergency admissions for acute conditions that should not usually require hospital admission'.

## 2.4 System Flow

- **Ambulance Handover delays**

During times of immense system pressure there will be occasions when Ambulance staff incur a delay in handing over the responsibility of the patient to A&E staff due to staff or bed capacity. These delays are monitored and reported nationally under the term 'Ambulance Hand-over delay'. Whilst the number of Handover delays reported is low the systems are not correctly in place to record the handover delays in line with guidance. Therefore the IW NHS Trust is currently reporting a worse case position based on the information that is collected. The CCG is working with the provider to ensure the future data is collected correctly and that actual system delays are minimised or eradicated. The table below shows an indication of the level of delays currently reported as a worse case position (this is the entire time the ambulance is positioned at A&E rather than the exact handover time).

*Table 7 – reported Ambulance handover delays*



- **National Emergency Intensive Support Team visit and findings**

The National Emergency Intensive Support team visited the Island to review the emergency systems at the Isle of Wight NHS Trust. The review did highlight a number of examples of good practices but also indicated that there were issues around the patient flow through the hospital system.

The Intensive Support Team reported the following findings of the patient flow through the IW NHS Trust;

- The Patient flow through the healthcare system is not smooth and it often delayed by pinch points within the system causing extended stays in hospital for patients
- The Medical Admissions Unit often over-full
- The Emergency Department can be crowded
- The patient's length of stay in hospital on the Island can be really long in comparison to other hospitals.

Following the Intensive support team visit the IW NHS Trust implemented a Patient Flow Project Group to take forward recommended actions. The work of this group is further reviewed in section 4.

### 3. Systems in place to maintain performance

The following listed items are core areas of ongoing work aimed at maintaining current performance within the unscheduled care system. The areas have been split into the following sub-sections;

- Prior to entering an acute setting
- The Hospital System
- Discharge and community Care

#### 3.1 Prior to entering an acute setting

**NHS 111/Urgent Care Communication Hub** – As fully described in section 2 the NHS 111 service facilitates signposting patients to the most appropriate healthcare advice or service depending on the patient's condition.

**Ambulance Non-conveyance** - Ambulance non-conveyance schemes are in place to minimise the transporting of patients to hospital when appropriate, and were part of a Contractual Commissioning for Quality and Innovation (CQUIN) scheme during 2012/13. Conveyance rates are felt to be at an appropriate level and measures are in place to encourage the focus remains on maintaining these levels.

**Ambulance Delays** - As the Ambulance service is part of the same organisation as A&E there is a joint objective to minimise delays. Recent winter funding monies did contribute to an Ambulance 'Get ready' scheme which provided additional resources towards turning around ambulances faster following an incident in order to get the vehicle back on the road sooner.

**Ambulance response times** – National Ambulance response times have been maintained through-out recent periods. Additional investment has been provided to source additional community defibrillators to improve outcomes and response times for the most serious Emergency ambulance calls.

**GP Locality Groups** – GP locality groups have focused on individual work streams throughout 2012/13 aimed at reducing the demand on emergency services. A recent workshop decided to roll out 2 of these schemes across the whole Island within primary care, where there was positive evidence of the schemes impact. These are: Anticipatory Care Planning and early Atrial Fibrillation detection.

**Patient and public awareness** – As well as recent Choose Well campaigns, a patient and public awareness campaign of Ambulance and urgent care services is being implemented through a Contractual Commissioning for Quality and Innovation (CQUIN) scheme during 2013/14. Its aims are to promote a greater public awareness and understanding of Ambulance, 999 and 111 services so patients understand how the ambulance service responds and also what a patient can reasonably expect following contact with the service.

#### 3.2 The Hospital System

The following areas include schemes currently in place or underdevelopment to ensure the smooth flow of patients through the acute pathway. The majority of patient flow work is

detailed in section 4 as part of the work-streams developed following the Intensive Support Team visit in November 2012.

**Ambulatory care (Same Day Emergency Care)** – The IW NHS Trust has been working closely with Commissioners to agree a service specification for delivery of Ambulatory Emergency Care or same day emergency care, in order to prevent an admission where possible. Phase 1 includes delivery of pathways for supraventricular tachycardia, first known seizure, cellulitis of limb, self-harm and accidental overdose and falls including syncope. The service has already recruited Advance Nurse Practitioner's and is being rolled out over the next few months in full. Phase 1 is being implemented with this range of conditions following evaluation to identify pathways that will be the most effective to implement for the Island population. Phase 2 will extend the range of conditions treated as a Same Day emergency.

**Outpatient Home Parenteral Infusion Therapy (OHPIT)** – An incentive scheme (CQUIN) for 2013/14 has been developed enable the OHPIT team to pilot a range of IV services in the community and establish patient pathways for these therapies, by working with GPs, hospital doctors and the Ambulatory Emergency Care service to develop care protocols, referral processes and clinical governance arrangements. This will support OHPIT to deliver a range of clinically effective and patient-focused IV treatments to stable patients who have been referred by hospital doctors, GPs or the Ambulatory Care Service. The IW NHS Trust and the CCG will jointly review reports summarising developments to inform proposed service models for OHPIT, for submission to the CCG Clinical Executive to embed the service in routine practice.

**The Beacon Health Centre** – the Beacon Health Centre is a GP led Walk in Centre for patients with Primary Care Minor Injuries and illnesses. The centre is co-located next to A&E and manages a number of conditions aimed at reducing the pressure on A&E as well as managing normal Primary Care conditions. The Centre is classed as a class 3 A&E site and its fast access supports the overall A&E access performance times.

**Enhanced GP Support to A&E** – The Enhanced GP in A&E scheme was introduced as a pilot area aimed to support secondary care at managing high A&E demand, emergency admissions and facilitating early discharge. The enhanced skilled GP is an additional resource for both primary care and secondary care to reduce the pressure on secondary care between 8am and 8pm, 7 days a week. This project was supported by winter pressures funding. Evaluation of the scheme is being carried out to measure the overall success to the system and its cost effectiveness for possible introduction in the winter of 2013/14.

### **3.3 Discharge and community Care**

Discharging patients and aligning community placements has been highlighted as an area of focus. As previously highlighted the patient flow work is detailed in section 4 as part of the work streams developed following the Intensive Support Team visit in November 2012.

**Enhanced Hospital Care Management responses** – This scheme aims to further enhance timely discharge from the IW NHS Trust by increasing the social services staff establishment to provide weekend cover and to provide the opportunity to complete social care assessments 7 days a week. As part of the scheme Care Managers will be attached to wards. This scheme is being funded through the NHS support for Social Care funds.

**Local Authority Rapid Response Services** – In conjunction with the above scheme, the Local Authority is developing a combined rapid and reablement service which aims to support the person from the time of requiring urgent social care intervention, through to reablement. This scheme is being funded through the NHS support for Social Care funds.

**Acute Discharge Management Nurses** – The Acute Discharge Management Nurses winter pilot was implemented to provide better discharge planning and coordination for complex patients. It is led by 2 nurses with the objective of improving the focus on reducing delays in discharging patients. Evaluation of the scheme is being carried out to measure the overall success to the system and its cost effectiveness for possible introduction in the winter of 2013/14.

**Patient Transport Services (PTS)** - The CCG and the IW NHS Trust have recently completed a joint review of PTS. Eligibility criteria aligned to National guidance has been agreed and implemented through a revised service specification. PTS is a critical component to facilitating the discharge process. To enable a timely PTS, a Hospital Liaison/Patient Transport Services Manager post has been established. In addition a number of quality and safety improvements have been developed. This range of quality and reporting requirements will measure access to timely and appropriate transport for those with a clinical need, and meeting eligibility criteria, and will measure PTS impact upon patient flow and discharge.

**Home from hospital Scheme-** This scheme was introduced in 2012 as a pilot to facilitate better discharge. The service will be evaluated in June to determine value for money.

#### **4. Action planning to improve performance**

As well as the core work streams highlighted in Section 3, a number of other work and action plans are also in progress designed at supporting the improvement of the unscheduled care system.

##### **4.1 The Unscheduled Care Strategy Group**

The Unscheduled care strategy group is represented by the IW CCG, IW NHS Trust and the Local Authority and has an ongoing work plan. The group oversees the majority of activities already in highlighted in this report from a strategic perspective. The group also oversees some additional projects not previously mentioned such as;

- Winter Planning
- Emergency Escalation Planning

##### **4.2 The Kings Fund Checklist**

The King's Fund recently published an unscheduled care report focused on the South of England. Part of the report contained an unscheduled care checklist to identify possible service gaps. The checklist contained over 150 areas and the whole Island Health economy has carried out a review of how the Island compares to the checklist. Initial findings are encouraging but a working party is continuing to review the checklist and work towards analysing gaps in areas and identifying if and how these areas can be progressed. The review also aims to highlight any differences in understanding between organisations regarding what is perceived to be in place and working well.

Part of the statistical analysis of the Kings Fund report highlighted the data below. This data indicated the Length of stay as a key area of concern for the Island System. Length of Stay for Emergency admissions was a key area reviewed as part of the Intensive Support Team visit.



Table 9 - King's Fund report "Improving Urgent and Emergency Care Performance across NHS South of England"

	NHS South of England			IW Performance	IW Rank	Data Period
	Average	Lowest	Highest			
Emergency length of stay (days)	4.8	2.5	7.0	6.4	34/37	Sep 11 to Aug 12
0-1 days stay	51.0%	38.0%	67.0%	44.7%	7/37	Sep 11 to Aug 12
Readmission	13.8%	12.0%	16.0%	11.7%	1/37	Sep 11 to Aug 12
Proportion of patients with > 7 days stay	18.0%	7.4%	25.0%	20.9%	31/37	Sep 11 to Aug 12
A&E conversion rate	22.0%	14.0%	46.0%	23.0%	18/37	Sep 11 to Aug 12
A&E patients arriving by ambulance	28.0%	11.0%	39.0%	27.4%	21/37	Sep 11 to Aug 12
95% in four hours	93.5%	67.0%	97.0%	93.7%	26/37	Sep 11 to Aug 12

Key: Better than Average = Green  
Worse than Average = Red

### 4.3 National Emergency Care Intensive Support Team (ECIST) review/action plan

Following the National Emergency Intensive Support team visit a Patient Flow group was established to carry out the following actions;

- Maintaining patient flow during and following Emergency Department refurbishment
- Re-defined 4 hour framework in the Emergency Department ensuring 'Decision to Admit' and referrals are made earlier in patient pathway
- Escalation to 'Senior Manager On Call' prior to a 4 hour breach
- 7 day Length of Stay - Discharge Planning Action Group to review management of patients on wards who are experiencing a long stay in hospital.
- Utilisation of morning discharges and the Discharge Lounge to accommodate patients from the wards to create bed capacity
- Management of ward outliers responsibility changed to the ward teams rather than rotating a physician of the week. This is to improve continuity of care, reduce handoffs and potentially contribute to a decrease in length of stay for these patient groups

### 4.4 111 / Beacon service review

A planned review of the IW NHS 111 service is currently taking place to fully evaluate the success of the Pilot and further develop the service based on findings of the review and experience of other national services. The Beacon Health Centre and Urgent Care Communications Hub are also included within the review due to the integration of these services. An external reviewer is due to complete this review and report findings in the early part of July. As previously indicated the IW NHS 111 service performs well in comparison to other sites particularly the recently implemented sites. The IW NHS 111 pilot phase is due to complete on the 31<sup>st</sup> March 2014.

## 5. Conclusions

The Isle of Wight A&E and 111 performance has been maintained despite diversion of calls from the mainland. The Health Economy has a number of actions and activities aimed at ensuring the system proactively manages future performance.

Recent 4 hour wait performance has been exceeding the national standard. The A&E 4 hour wait performance is monitored on a weekly basis and system and quality indicators are reviewed through the Clinical Quality Review Meetings, Unscheduled Care Strategy group and the routine Service Level Agreement meetings.

Due to issues elsewhere in the country the NHS 111 Service on the Isle of Wight has been producing Situation Reports on a daily basis. These are likely to be changed to weekly reports once national performance has improved. The Isle of Wight performance has been positive compared to national averages and the performance standards.

Performance measures within unscheduled care on the Island are meeting, and even exceeding expected levels. Actions and triggers are in place to maintain performance.

**Mark Fletcher**  
**June 2013**